



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Doctors Hospital at Renaissance

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-17-0921-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

December 5, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "After reviewing the account we have concluded that reimbursement received was inaccurate. ...Payment received was only \$3,729.05 thus, according to these calculations; there is a pending payment in the amount of \$437.55.

**Amount in Dispute:** \$497.14

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requester believes it is entitled to an additional \$497.14. Texas Mutual does not agree."

**Response Submitted by:** Texas Mutual Insurance Co

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 12 – 16, 2016	Outpatient Hospital Services	\$497.14	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment
  - 236 – This billing code is not compatible with another billing code provided on the same day according to NCCI or Workers Compensation state regulations/fee schedule requirements

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 767 – Paid per O/P FG at 200%: Implants not applicable or separate reimbursement (with cert) not requested per Rule 134.403(G)
- W3 – In accordance with TDE-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

### **Issues**

1. Is the carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The requestor is seeking reimbursement of \$497.14 for outpatient hospital services rendered from September 12 -16, 2016.

Review of the DWC 60 finds the following services have an amount listed in "Amount in Dispute;"

- Date of service September 12, 2016 / Code 96361 - Intravenous infusion, hydration; each additional hour
- Date of service September 12, 2016 / Code 96365 - Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
- Date of service September 12, 2016 / Code 96366 - Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
- Date of service September 12, 2016 / Code 88304 – Tissue exam by pathologist

The insurance carrier denied codes 96361, 96365, and 96366 as 236 – "This billing code is not compatible with another billing code provided on the same day according to NCCI or Workers Compensation state regulations/fee schedule requirements" and 435 – "Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure."

28 Texas Administrative Code §134.403 (d) states in pertinent part,

For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided

Review of the 2016, National Correct Coding Initiative Policy Manual for Medicare Services, <https://www.cms.gov/Medicare/Coding>, Chapter 11, page XI – 6,

*Under the OPPS drug administration services related to operative procedures are included in the associated procedural HCPCS/CPT codes. Examples of such drug administration services include, but are not limited to, anesthesia (local or other), hydration, and medications such as anxiolytics or antibiotics. Providers should not report CPT codes 96360-96376 for these services.*

Based on the above, the carrier's denial of codes 96361, 96365 and 96366 "per NCCI edits" is supported. No additional payment recommended.

Procedure code 88304 denied with adjustment code 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

Review of the submitted Explanation of Benefits, finds a payment made on Code 11044.

Review of the Medicare Addendum B at [www.cms.gov](http://www.cms.gov), finds:

Addendum B Final OPPS Payment by HCPCS Code for CY 2016

<u>HCPCS Code</u>	<u>Short Descriptor</u>	<u>SI</u>
88304	Tissue exam by pathologist	Q1
11044	Deb bone 20 sq cm/<	T

The definition of status indicators is found at [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS),

ADDENDUM D1.-- OPPS PAYMENT STATUS INDICATORS FOR CY 2016	Item/Code/Service	OPPS Payment Status
Q1	STV-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1) <b>Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "S," "T," or "V."</b></p> <p>(2) In other circumstances, payment is made through a separate APC payment.</p>

Based on the above, the Division concludes the carrier's denial as "benefit included in payment/allowance" supported. No additional payment recommended.

2. Based on the provisions of 28 Texas Administrative Code 134.403 (d) the services in dispute are not eligible for separate payment.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____	_____	December 22, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

### YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**